

State of West Virginia Office of Miners' Health, Safety and Training

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REVISED 04/2020
For Office Use Only

Certification	# Issued	
Date Issued		
5000-23		

SAFETY SENSITIVE PERSONNEL DOCUMENT

THIS DOCUMENT IS TO BE COMPLETED AND SIGNED BY A COMPANY OFFICIAL. PLEASE TYPE OR PRINT FORM IN ITS ENTIRETY. (WHERE APPLICABLE)

	nis is to certify that Last		First Middle Initia		SSN :	# Date of Birth
now residing at	Home Addre	200	City	State	T' C 1	Telephone Number
	nome Addro	:55	City	State	Zip Code	reteptione Number
is employed by						
	Company Nam	e	Mi	ne Name		Telephone Number
From		t	0			
	(Month/Day/Year)			(M	Ionth/Day/Yea	r)
located at						
located at	Address	City	County	State	e Zip Code	WV Permit Number
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<u>1</u>	HEREBY CERTIFY THA	AT THE ABOVE STA	ATEIVIENTS AK	E IKUE AN	D CORRECT	
ompany Official Printed Na	me and Title		Company Off	icial Signatu	re	Date
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ompany Official Mailing Ad	aress	City	County	State	Zip Code	Telephone
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State of		_				
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County of		_	ublia da bayabu	, apptify the	at the individu	val gigned the sumiting
		- , a Notary Pı	ublic do hereby nisd	y certify tha	at the individu	ual signed the writing , 20
I,above attesting that it	is a true statement.	- , a Notary Pı	ublic do hereby nisd	certify that ay of	at the individu	ual signed the writing , 20
County of	is a true statement.	- , a Notary Pı	nisd	ay of		ual signed the writing , 20
I,above attesting that it (Notary Stamp/Seal Require	is a true statement.	- , a Notary Pu Signed before me tl	nisd Notary	y certify that ay of y Public Sig		ual signed the writing , 20
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